

Envoy Medical Systems, L.P.
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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 7/09/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

TENs unit rental, E1399 3x wk – 4 weeks (complete by 8/15/12)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in Physical Medicine and Rehabilitation.

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTHCARE SERVICES IN DISPUTE.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, Corp., 6/05/12, 5/30/12

Auth/Pre-Cert. to rent TENs unit, Dr. DPM, 5/30/12, 5/23/12

Rehabilitation, Inc., P/T Progress Notes, 6/15/12 – 6/01/12; 5/30/12 – 5/18/12

ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who experienced an related injury to the left foot/ankle region in xx/xx. He eventually underwent surgical treatment on 3-30-12 and has undergone physical therapy/rehabilitation treatment since that time. The authorization/pre-certification requests approval for TENs unit 3x wk for 4 weeks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I disagree with the benefit company's decision to deny the requested services. Rationale for opinion: The ODG guidelines are reviewed today/on line, and also the reviewing doctor's comments are noted. The guidelines report that research/study's data concerning TENs unit usage versus ankle/foot locations are, as a group, very poor, and are few. The two studies given as references (Crawford and one other) are reviewed also. These were very small research samples, and quite vague in their conclusions. The guidelines stating

there is "no definite evidence of benefit" - also conversely imply there is no good evidence to show they would not be significant benefit.

"Ankle/foot" disorders encompass a huge range of diagnoses/problems. This patient not only had the soft tissue injuries, etc., but also underwent multiple surgical procedures which in themselves produce degrees of pain and dysfunction for a time period post-operatively. The use of tens unit in this patient/situation is reasonable, and should not be denied. The medical problems in this patient fall outside the usual paradigm of the ODG.

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY**

☐ **GUIDELINES DWC- DIVISION OF WORKERS COMPENSATION**

☐ **POLICIES OR GUIDELINES EUROPEAN GUIDELINES FOR**

☐ **MANAGEMENT OF CHRONIC LOW BACK PAIN INTERQUAL**

CRITERIA

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE**

☐ **GUIDELINES MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT**

☐ **GUIDELINES PRESSLEY REED, THE MEDICAL DISABILITY**

ADVISOR

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**